



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
COUNCIL ON REAL ESTATE APPRAISERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LICENSED OR CERTIFIED APPRAISER BY EXAMINATION INSTRUCTION SHEET

When to Apply by Examination

File the *Application for Licensed or Certified Appraiser by Examination* when you meet **all** of the following conditions:

- You do *not* hold *current* RPA licensure/certification in the classification you want in any jurisdiction (state, U.S. territory or District of Columbia), **or** you hold current Delaware real property appraiser (RPA) licensure/certification and want to upgrade to a higher classification.
- You have completed all required qualifying education (QE) hours **and** attained the required degree for the RPA classification for which you are applying.
- You have completed all required hours of experience for the RPA classification for which you are applying.

If you hold *current* RPA licensure/certification in another jurisdiction and the classification is the same as you want in Delaware, [apply by reciprocity](#).

Required Degree and Qualifying Education Hours

Before you apply, you must earn the required degree **and** complete the required QE hours. The degree and QE hours you need depend on the RPA classification you are seeking.

Degree: The degree requirement is the same whether you are submitting your initial application or an upgrade application, as follows:

- Licensed RPA – Associate degree or higher in any field
- Certified Residential RPA – Bachelor degree or higher in any field
- Certified General RPA – Bachelor degree or higher in any field

QE Hours: You earn QE hours only from courses required by the Appraisal Qualifications Board (AQB) in its core curriculum. For information on the core curriculum, see [Real Property Appraiser Qualification Criteria](#).

- If you intend to file an *initial application*, you must complete the following QE hours:
 - Licensed RPA – 150 QE hours
 - Certified Residential RPA – 200 QE hours
 - Certified General RPA – 300 QE hours
- If you intend to file an *upgrade application* (that is, you are already a Trainee, Licensed or Certified RPA and you are seeking a higher level license), you must complete the following **additional** QE hours:

IF you are at <i>currently</i> at this level:	THEN you need these QE hours to upgrade to...		
	Licensed RPA	Certified Residential RPA	Certified General RPA
Trainee	75	125	225
Licensed RPA	--	50	150
Certified Residential RPA	--	--	100

Requirements *Before* Examination

You must complete ***all required QE and experience*** before you can sit for the AQB-approved [National Uniform Licensing and Certification Examination](#).

- ☐ Submit completed, signed and notarized [Application for Licensed or Certified Appraiser by Examination](#).
- ☐ Enclose non-refundable [processing fee or upgrade fee](#) by check or money order made payable to "State of Delaware."
 - If you are applying to upgrade a Delaware license and have already paid the renewal fee for the current license period, pay only the upgrade fee.
 - If you are not upgrading **or** if you have not paid for the current license period, pay the processing fee.
- ☐ If you are a Trainee applying for upgrade, submit the [Federal Registry fee](#) by check or money order payable to the "State of Delaware." This fee is in addition to the processing fee above.
 - If your license is approved between July 1 of odd years and October 31 of even years, the fee is \$80.
 - If your license is approved between November 1 of even years and June 30 of odd years, the fee is \$40.
- ☐ Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.
- ☐ Arrange for the Council office to receive an *official* transcript, sent *directly* from your college/university to the Council office.
- ☐ Submit copies of your QE certificates.
 - Each course must consist of at least 15 classroom hours and include an examination.
 - At least 15 hours must be the required USPAP course.
 - If you are applying to upgrade your current classification, credit for continuing education does *not* count as QE.
- ☐ If you have ever been licensed or certified as an appraiser in another jurisdiction, arrange for the Council office to receive a letter of good standing *directly* from *one* jurisdiction where you were an RPA trainee or held RPA certification/licensure.
- ☐ Submit a photocopy of your [Experience Log](#), on 8 ½" x 11" paper, in the format approved by the Council. The *Log* must show that you meet these requirements:

IF you are applying for...	THEN you are permitted to appraise...	AND you need these hours of experience...	AND the appraisals must span at least...
Certified General RPA	all types of real property	3,000 hours, 1,500 of which must be non-residential	30 months since the first appraisal.
Certified Residential RPA	vacant or unimproved land that is utilized for 1-4 family purposes or for which the highest and best use is for 1-4 family purposes	2,500 hours	24 months since the first appraisal.
Licensed RPA	non-complex one to four residential units with a transaction value of less than \$1 million and complex one to four residential units with a transaction value of less than \$250,000	2,000 hours	24 months since the first appraisal.

Requirements *After* Examination

When the application is considered complete, the Council will review it at its next meeting. If approved, the Council office will send you an authorization to sit for the exam. After you take the exam, the exam service will send the Council your score report. At that point, you must submit sample appraisal reports. The Council will notify you as the number of samples to submit.

- ☐ Submit samples of appraisal reports you have completed. Samples are due to the Council office within 15 days of the request.



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APPLICATION FOR LICENSED OR CERTIFIED APPRAISER BY EXAMINATION

TYPE OF APPLICATION

1. Select the type of Real Property Appraiser (RPA) application you are filing (check one):

☐ Certified General ☐ Certified Residential ☐ Licensed

2. Do you hold a *current* Delaware Licensed RPA or Certified Residential RPA?

☐ Yes – Enter your Delaware number: X ____ - _____. If you have paid the renewal fee for the current license period, enclose the [upgrade fee](#). If you have *not* paid the renewal fee for the current period, enclose the [processing fee](#).

☐ No – Enclose the [processing fee](#).

IDENTIFYING AND CONTACT INFORMATION

3. Name: _____
Last First Middle initial

4. Other Names Used: _____ ☐ None
(Include maiden, other married, alternative spellings.)

5. Date of Birth (month/day/year): _____ Gender: ☐ Male ☐ Female

6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. **Residence** Address: _____
City State Zip code

8. **Residence** Phone: _____ **Residence** Email: _____

BUSINESS INFORMATION

9. **Business** Name: _____

10. **Business** Address: _____
City State Zip code

11. **Business** Phone: _____ **Business** Email: _____

REAL ESTATE APPRAISAL EDUCATION

12. Do you have a college degree? Yes ☐ No ☐ If yes, complete the following:

COLLEGE/UNIVERSITY	LOCATION	DATES ATTENDED		DEGREE

Arrange for the Council office to receive an *official* transcript, sent *directly* from the college/university to the Council office.

13. List each qualifying education (QE) courses you have completed. If you need more room, you may copy this page.

[illegible]

Submit copies of your QE completion certificates.

SUPERVISOR INFORMATION - Complete this section only if you are a Delaware-registered Trainee.

14. Are you now working as a Trainee?
Yes ☐ No ☐ **If yes, enter the information about your supervisor(s) at right:**

SUPERVISOR NAME	DE CERTIFICATION NUMBER
	X ____ - _____
	X ____ - _____
	X ____ - _____

APPRAISAL EXPERIENCE

15. Check the appraiser classification for which you are applying and read the experience requirement and type of appraisals allowed for each:

CHECK ONE	APPRAISER CLASSIFICATION	APPRAISALS ALLOWED	EXPERIENCE REQUIREMENT
<input type="checkbox"/>	Certified General Real Property Appraiser	all types of real property	3,000 hours of appraisal experience, of which 1500 must be non-residential property, over at least <i>30 months</i> since the first appraisal
<input type="checkbox"/>	Certified Residential Real Property Appraiser	vacant or unimproved land that is utilized for 1-4 family purposes or for which the highest and best use is for 1-4 family purposes	2,500 hours of appraisal experience over at least <i>24 months</i> since the first appraisal
<input type="checkbox"/>	Licensed Real Property Appraiser	non-complex one to four residential units having a transaction value of less than \$1 million and complex one to four residential units having a transaction value of less than \$250,000	2,000 hours of appraisal experience over at least <i>24 months</i> since the first appraisal

16. I certify that I understand the type of appraisal that I will be permitted to perform as an appraiser in the classification for which I am applying. Yes ☐ No ☐
17. Have you already acquired the hours of appraiser experience required for the type of certification/license for which you are applying, as explained above? Yes ☐ No ☐
- **If no, STOP. Do not file this application until you have completed the required hours.**
 - **If yes, submit a copy of your completed *Experience Log*.**

LICENSURE HISTORY

18. Have you ever been an appraiser trainee or been licensed or certified as a real estate appraiser in any jurisdiction? Yes ☐ No ☐ **If yes, list each jurisdiction:**

JURISDICTION	LICENSE NUMBER

Arrange for the Council office to receive a letter of good standing *directly* from *one* jurisdiction where you have been a trainee or held a license or certification.

DISCLOSURES

19. Have you ever received any administrative penalties (disciplines) regarding your practice as an appraiser, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully and a copy of the agency's order.**

20. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**
21. Do you have any impairment related to drugs or alcohol that would limit your ability to act as an appraiser in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**

Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.

To ensure consideration of your license application at the next Council meeting, the Council office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all appraiser laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Council on Real Estate Appraisers including providing relevant documents and personally appearing before the Council and/or its investigators. I further affirm and state that the *Experience Log* submitted in support of this application is true and correct and that the activities for which I claim experience are truthfully represented in the log. Upon request of the Council, I will make available for examination copies of appraisal reports or files prepared by me for which I claim experience in the *Experience Log* or any of the appraisal reports or files prepared by me in the course of my practice notwithstanding the fact that such reports or fields were not listed on the *Experience Log* submitted in support of this application.

Applicant Signature: _____ **Date:** _____

State of _____ County of _____

Sworn and subscribed to before me this _____ day of _____, 2____.

Signature of Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.